

REPORT OF INDEPENDENT CONTRACTOR(S) PRINTING SPECIFICATIONS FOR EDD SUPPLIED DE 542 FORMS

The Employment Development Department (EDD) provides form DE 542, *Report of Independent Contractor(s)*, suitable for laser printers at no cost. To obtain less than 25 DE 542s, please contact our hotline at (916) 657-0529 or contact our Employment Tax Customer Service Office at 1-888-745-3886. To obtain 25 or more forms, please contact the EDD Forms Warehouse at 1788W Sports Drive, Sacramento, CA 95834, (916) 322-2835.

The EDD will also accept alternate (facsimile) forms printed with laser or computer printers on plain white paper **after** we have tested them on our optical character readers. Please contact the Alternate Forms Coordinator at (916) 255-0649 for specifications.

GENERAL REQUIREMENTS

Ink: To allow data to be captured correctly, the *Report of Independent Contractor(s)* must be printed in black, **non-ferric** ink only. Ferric ink contains metal and is used to print micr-code on checks. The main objective is to create a clear, distinct image. Do not use a dot matrix printer.

Font type: Print six vertical lines per inch, ten horizontal print positions per inch. A 12 point Courier font achieves high read rates. Do not use bold print.

Alignment: The top edge of the form is zero; the bottom of the form is line 66; the left edge is print position zero; and the right edge is print position 85.

Display of numbers: Left justify the amount of contract reported (begin printing in the first print position). If left justification is a problem, end the amount of contract fields four to five print positions to the left of the actual end of field. The object is to have no printed data at the end of the field. Do not use commas or dollar signs. Use decimals or spaces between digits as appropriate, for example, 32 417.98 or 32 417 98.

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 012345678 or 012 34 5678 or 012-34-5678 (if your program cannot delete the dashes).

Display of SERVICE-PROVIDER Names: Please show the first name, middle initial, and the last name of each Service-provider. If your program will not parse out the middle initial, place the middle initial in the first name field. If your program does not print the employee names in this format, contact the Alternate Form Coordinator for instructions on reporting employee names. Please print letters in UPPER CASE.

User Codes: If you print user codes or letters on your forms, please position them above the title **"SERVICE-RECIPIENT"** field on lines 6 or 7 and print positions 7 thru 40.

**DE 542, Report of Independent Contractor(s)
Printing Specifications for EDD Supplied Forms**

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
<u>SERVICE-RECIPIENT</u>			
DATE	11	7 thru 17	NNNNNN
FEDERAL ID. NUMBER	11	21 thru 37	NNNNNNNNNN
CALIFORNIA ACCT. NUMBER	11	41 thru 55	NNNNNNNN
SOCIAL SECURITY NUMBER	11	59 thru 75	NNNNNNNNNN
NO. OF FORMS NEEDED	11	79 thru 81	NN
NAME/BUSINESS NAME (SERVICE-RECIPIENT)	15	7 thru 55	
CONTACT PERSON	15	59 thru 81	
ADDRESS	19	7 thru 55	Address Format
TELEPHONE NUMBER	19	59 thru 63 67 thru 79	Area Code Number
CITY	23	7 thru 51	
STATE	23	59 thru 61	
ZIP CODE	23	67 thru 75	
<u>SERVICE-PROVIDER</u>			
NAME (Print all capital letters)	30,41,52,	7 thru 35 39 41 thru 81	First Name Middle Initial Last Name
SOCIAL SECURITY NUMBER	32,43,54	7 thru 23	NNNNNNNNNN
ADDRESS	32,43,54	27 thru 81	Address Format
CITY	34,45,56	7 thru 51	
STATE	34,45,56	59 thru 61	
ZIP CODE	34,45,56	67 thru 75	
START DATE OF CONTRACT	36,47,58	7 thru 17	NNNNNN
AMOUNT OF CONTRACT	36,47,58	22 thru 43	NNN NNN NNN NN
CONTRACT EXPIRATION DATE	36,47,58	50 thru 60	NNNNNN
CONTRACT IS ON-GOING	36,47,58	72	X

If you have any questions about these specifications, you may call the Alternate Forms Coordinator at (916) 255-0649.